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ABSTRACT

The paper presents the Seventh Annual Report of the Department of Health, Education, and Welfare to Congress on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided to them. An overview of Head Start policies on services to handicapped children is provided, and services to handicapped children are examined in terms of outreach and recruitment, diagnosis and assessment, mainstreaming and special services, training and technical assistance, and summer Head Start programs. The four appendixes include survey results of handicapped children in Head Start, by state or geographical entity: distribution of programs reporting types of special educational or related services provided by Head Start staff, by handicapping condition: distribution of programs reporting types of special services received from other agencies, by handicapping condition; and distribution of programs reporting types of special services provided to parents of handicapped children, by handicapping condition. Among the findings was that children diagnosed as handicapped accounted for 11.9% of total enrollment in Head Start full year programs, representing a reversal of the trend of steadily increasing proportions since the inception of the handicapped mandate (the figure for 1977-1978 was 13.4%). (DLS)

THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS

Seventh Annual Report of The U.S. Department of Health, Education, and Welfare to the Congress of the United States on Services Provided to Handicapped Children in Project Head Start

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development Services
Administration for Children, Youth and Families
Head Start Bureau
February 1980

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Data collection for this report was done by Informatics, Inc., Rockville, Maryland.

SUMMARY

The Head Start, Economic Opportunity and Community Partnership Act of 1974 (P.L. 93-644) requires "that for Fiscal Year 1976 and thereafter no less than 10 percentum of the total number of enrollment opportunities in Head Start programs in each state shall be available for handicapped children . . . and that services shall be provided to meet their special needs." The term "handicapped children" is defined to mean "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Outside the scope of this definition are children with correctable conditions who do not need special services or who will not require altered or additional educational or support services. Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low-income families, including families receiving public assistance).

It has been estimated that there are 190,000 Head Start eligible handicapped children of preschool age (3-5) in the United States. Although Head Start alone cannot meet the needs of such a large population of handicapped children, it is making a notable contribution, particularly for those handicapped children who can benefit from a comprehensive developmental experience in a mainstreamed setting, one that integrates handicapped and nonhandicapped children. The number of handicapped children enrolled in Head Start has risen steadily since the data were first reported in 1973. However, this year the proportion which they represent of the total program has gone down.

This report is based on the Survey of Head Start Handicapped Efforts in the 1978-79 Full Year and 1978 Summer Head Start programs as well as other supplementary data. It discusses the status of handicapped children in those Head Start programs (98.5 percent) that responded to the survey.

—Children professionally diagnosed as handicapped accounted for 11.9 percent of total enrollment in full year programs. This represents a reversal of the trend of steadily increasing proportions since the inception of the handicapped mandate. In 1977-78 program year, children professionally diagnosed as handicapped accounted for 13.4 percent of total enrollment in full year programs.

—In 47 of the 50 states, children professionally diagnosed as handicapped accounted for at least 10 percent of all Head Start enrollment in full year programs.

—69 percent of Head Start programs have enrolled at least 10 percent handicapped children.

The distribution of handicapped children in Head Start, categorized by primary handicapping condition, is: 53.2 percent speech impaired, 12.4 percent health impaired, 7.3 percent seriously emotionally disturbed, 7.0 percent physically handicapped (orthopedically handicapped), 6.6 percent mentally retarded, 5.6 percent specific learning disability, 4.0 percent hearing impaired, 3.2 percent visually impaired, 0.4 percent deaf, and 0.3 percent blind.

The percentage of speech impaired children enrolled in Head Start was increased 0.5 percent over the enrollment of 52.7 percent reported in the previous full year survey. This is consistent with national estimates of children requiring special assistance in speech and language development.

Head Start has continued to serve a significant proportion of children with severe or multiple handicaps. Programs reported that 26.8 percent of the handicapped children enrolled have multiple handicapping conditions. Such children present additional challenges to Head Start staff in the planning and provision of individualized services. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific handicapping condition(s) and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatment and services; Head Start staff, in conjunction with other professionals and the child's family, may have to set priorities in objectives and services for that child in order to provide a focused, systematic plan of action.

—In 1979, approximately 96 percent of all Head Start programs had enrolled at least one handicapped child.

—Handicapped children were present in 88.2 percent of Head Start centers and 80.2 percent of Head Start classrooms.

These figures indicate that the enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs. Head Start continues to be the largest program that includes preschool handicapped children in group experiences on a systematic basis, i.e., that mainstreams handicapped children. Integrated preschool programs give disabled children a chance to learn and play with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. In addition, the handicapped child begins to develop a sense of control over his or her own life and an ability to function among other people in spite of his or her disability.

There are some children who, for a variety of reasons, may do better at first in a non-mainstreamed environment or a home-based program. Others may benefit from a flexible approach and may spend part of the week in a special program and part in a mainstreamed program. However, for the handicapped child, the home-based setting is seen as a supplement, not a substitute, for the mainstreamed classroom setting. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as possible.

All handicapped children who were enrolled in Head Start programs received the full range of child development services required in the Head Start Program Performance Standards for all Head Start children. These include education, parent involvement, social services, and health services (medical, dental, nutrition and mental health). In addition, Head Start programs continued to develop and carry out activities for services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start. Some 92 percent of the Head Start programs reported special efforts to locate and recruit handicapped children.

Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Of those 41,399 handicapped children who were enrolled in Head Start in reporting programs, 28.6 percent had been diagnosed by professionals employed by Head

Start (including consultants); 26.0 percent had been diagnosed by professionals working in hospitals, clinics, or other public agencies; 20.5 percent by private physicians or other medical professionals; 14.0 percent by Head Start diagnostic teams (including consultants); and 10.9 percent by public agency diagnostic teams.

Head Start programs continued to increase their own staffs, facilities, and other capabilities to meet the growing service needs of the handicapped children enrolled. They also continued to use other agencies as sources of medical treatment and therapy (e.g., physical education exercises, speech training, and play therapy). A person had been designated to coordinate services for handicapped children in 92.0 percent of the programs. About 18.2 percent of the programs required special modifications in their physical facilities in order to serve handicapped children; 69.0 percent of these had made or had scheduled the modifications. 56.6 percent of the responding programs had acquired or were acquiring special equipment or materials; 14.8 percent of these programs had acquired special transportation equipment.

In order to insure appropriate and high quality educational and developmental experiences for handicapped children, priority has been given to staff training with emphasis on teachers, aides, and health services coordinators. Some 77.3 percent of the programs provided preservice training to current staff, and 90.4 percent of the programs had provided inservice training to current staff. Up to 81.5 percent of the programs reported that further training was needed.

In addition to the usual Head Start involvement of a child's parents and other family members in activities and decisions involving their child, parents of handicapped children are trained to participate with the child in activities that will foster development and learning. They are also afforded special support to work through feelings associated with the child and the child's handicap. Head Start programs reported a number of special services provided to parents of handicapped children, including counseling, referrals to other agencies, in-service meetings, provision of special literature and teaching materials, parent meetings, and transportation assistance.

Head Start and other agencies and organizations concerned with handicapped children must coordinate efforts if they are to make maximum use of their limited individual resources. Programs reported working with other agencies in several ways:

—Between 68 and 72 percent of the programs utilized local school systems, public health departments, and welfare agencies to locate and recruit handicapped children.

—26.9 percent of the handicapped children had been referred to Head Start by other agencies or individuals, 20.9 percent were referred and professionally diagnosed prior to Head Start.

—52.9 percent of the children received special services from other agencies or individuals.

Eight program manuals have been written to assist teachers, parents, and others such as diagnosticians and therapists in mainstreaming handicapped children. The series was developed in collaboration with many contributors. Teams of national experts and Head Start teachers met to develop the manuals under the direction of the Adminstration for Children, Youth and Families (ACYF).

Head Start programs were also involved in several national efforts to serve handicapped children. Under the Education for All Handicapped Children Act of 1975, (P.L. 94-142), each state's allocation figures are based on the number of handicapped children, 3-21, currently being served. As a major provider of services to preschool

handicapped children, Head Start program personnel worked with local education agencies in many places to insure that the number of children who had been professionally diagnosed as handicapped and who were receiving Head Start services were included in the state count. In addition, Head Start programs coordinated their searches for unserved handicapped children with the statewide "Child Find" efforts required under P.L. 94-142. Head Start personnel have also taken steps to increase program ability to use other resources such as Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

The purposes of P.L. 94-142 are carried out in Head Start where handicapped children are given an opportunity to interact with children of varied abilities, needs, and talents. Additionally, the Head Start program provides the special services required by handicapped children.

To assure optimal transition by handicapped Head Start children in the public school, Head Start personnel serve as advocates for these children. They also plan and provide an Individualized Educational Program (I.E.P.) for each handicapped child. To make the program most effective, Head Start personnel involve the parents of the child in the planning.

The Summer Head Start program provides an opportunity for initial assessment of the child's skills at the time of entry into the program and the development and implementation of a program plan that can be continued as the child enters the school system in the fall. Summer Head Start programs appear to have been fairly successful in recruiting handicapped children. Handicapped children comprised 13.8 percent of children enrolled in Summer programs in Summer 1978.

Head Start is the leader in the implementation of mainstreaming services required under P.L. 94-142, the Education for All Handicapped Children Act. Head Start's success in this endeavor is largely attributable to development and operation of a national network of projects called Resource Access Projects (RAPs). In addition to providing training and technical assistance services, the RAPs are a major force in working with schools and other agencies in facilitating the delivery of services to handicapped children. As a result, Head Start and the RAPs are seen throughout the country as a significant source for services related to handicapped children.

A two-year evaluation of mainstreaming in Head Start, conducted for ACYF, confirms the value of preschool services to handicapped children. It suggests that mainstreaming in Head Start has been generally successful and has included nearly all handicapped children in Head Start.

During 1978-79 RAPs provided training on working with children with specific handicapping conditions to 8,660 Head Start teachers and 2,636 other individuals involved in providing services in Head Start.

The experience of the Head Start child's teacher in working with handicapped children was the primary factor in the child benefiting from the Head Start program. Smaller class size, lower handicapped/nonhandicapped child ratios, and high levels of time spent in a mainstreaming situation were all positively related to developmental gains and increased positive social interaction by Head Start handicapped children. However, trends varied as a funtion of the child's handicap and were not always statistically significant.

Chapter 1

HEAD START AND PRESCHOOL HANDICAPPED CHILDREN BACKGROUND INFORMATION

A. Purpose of this Report

This is the Seventh Annual Report to the Congress on Head Start Services to handicapped children. The purpose of this report is to inform the Congress of the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided to them.

The Head Start, Economic Opportunity, and Community Partnership Act of 1974 (P.L. 93-644) requires "that for Fiscal Year 1976 and thereafter no less than 10 percentum of the total number of enrollment opportunities in Head Start programs in each state shall be available for handicapped children . . . and that services shall be provided to meet their special needs." The data presented here reflect Head Start efforts to respond to this legislative mandate.

The term handicapped children is defined to mean "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low-income families, including families receiving public assistance).

B. Overview of Head Start Policies on Services to Handicapped Children

In response to the Congressional mandate to strengthen Head Start efforts on behalf of handicapped children, the Administration for Children, Youth and Families* has given priority to assisting local Head Start efforts to identify, recruit, and serve handicapped children. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child and his or her family. Head Start policies that relate to handicapped children are:

1. ***Outreach and Recruitment*** - Head Start programs are required to develop and implement outreach and recruitment activities, in cooperation with other community groups and agencies serving handicapped children, in order to identify and enroll handicapped children who meet eligibility requirments and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience would prove detrimental to the child.

2. ***Needs Assessment, Screening and Diagnosis*** - Needs assessment, screening, and diagnostic procedures utilized by Head Start programs address all handicaps specified in the legislation to provide an adequate basis for special education,

*Formerly the Office of Child Development.

treatment and related services. Head Start programs must insure that the initial identification of a child as handicapped is confirmed by professionals trained and qualified to assess handicapping conditions. Assessment must be carried out as an on-going process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition. Emphasis is placed on assuring that the needs of all eligible handicapped children are accurately assessed in order to form a sound basis for meeting those needs.

3. ***Diagnostic Criteria and Reporting*** - In 1975, Head Start, the Bureau of Education for the Handicapped and other DHEW agencies that serve handicapped children reviewed the reporting criteria then being used for reporting purposes. Based on that review, an expanded set of criteria was issued by Head Start. The expanded criteria included the addition of a "learning disabilities" category in order to be consistent with the Education for All Handicapped Children Act of 1975 (P.L. 94-142). The revised criteria also clarified the reporting of "multiple handicaps." Furthermore, they were specifically tailored to the developmental levels of the preschool population, aged 3-5.

Table A presents the diagnostic criteria used in reporting handicapping conditions of the children.

Table A

DIAGNOSTIC CRITERIA FOR REPORTING HANDICAPPED CHILDREN IN HEAD START

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses.

Blindness - A child shall be reported as blind when any one of the following exists: (a) a child is sightless or who has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the state of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment [Handicap] - A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 27/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Deafness - A child shall be reported as deaf when any one of the following exists: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness in the state of residence.

Hearing Impairment [Handicap] -A child shall be reported as hearing impaired when any one of the following exists: (a)

* **Multiple handicaps:** Children will be reported as having multiple handicaps when in addition to their primary or most disabling handicap one or more other handicapping conditions are present.

the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

Physical Handicap [Orthopedic Handicap] - A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, spina bifida, loss of or deformed limbs, burns with cause contractures, cerebral palsy.

Speech Impairment [Communication Disorder] - A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping condition, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health Impairment - These impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe allergies, blood disorders (e.g., sickle cell disease, hemophilia, leukemia), diabetes, or neurological disorders.

Mental Retardation - A child shall be considered mentally retarded who, during the early developmental period, exhibits significant subaverage intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is *never by itself sufficient* to make the diagnosis of mental retardation).

Serious Emotional Disturbance - A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include but not be limited to the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.

Specific Learning Disabilities - Children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, *precursor functions* to understanding and using language spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least Master's degree level special educators with evidence of special training in the diagnosis of learning disabilities.)

4. ***Severely and Substantially Handicapped Children*** - Head Start policy distinguishes between two groups of children: children who have minimal handicapping conditions and do not require special services (e.g., children whose vision with eyeglasses is normal or nearly so); and those children who are handicapped, as defined in the legislation, and who by reason of their handicap require special education and related services (see Table A, Page 6). The purpose in making this distinction is so that only children who require additional education or support services can be counted for the purpose of the 10 percent enrollment requirements. Head Start considers the children who need special services, namely those whose handicap cannot be corrected or ameliorated without such special services, as substantially or severely handicapped. Children with minimal or milder handicapping conditions will continue to receive appropriate Head Start services, but these children are not considered as part of the Congressionally mandated enrollment target. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a handicap.

   Some of the children with severe handicaps have been referred from other agencies to Head Start so that they can participate in a mainstream developmental environment. This opportunity for severely and substantially handicapped children to learn and play with nonhandicapped children is vital to their optimal development.

   Not all handicapped children are best served in Head Start programs. Certain severely handicapped children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting with nonhandicapped children. Severely handicapped children are enrolled in Head Start only when the professional diagnostic resource recommends that placement in the program is in the child's best interest and when the parents concur.

5. ***Services for the Handicapped Child*** - Head Start grantees and delegate agencies must insure that all handicapped children enrolled in the program receive the full range of comprehensive services available to non-handicapped Head Start children, including provision for participation in regular classroom activities. These services—education, social services, parent involvement, and health services (including medical, dental, mental health, and nutrition)—should consider the child's needs, his or her developmental potential, and family circumstances. In addition, special educational services and support services are provided to meet the unique needs of the individual handicapped child.

6. ***Mainstreaming*** - Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including handicapped children. As noted in the Head Start Manual of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to handicapped children is consistent with Head Start's approach of serving handicapped children in a mainstream setting. This mainstream experience of learning and playing with nonhandicapped children helps foster a positive self-image and assists the handicapped child in enhancing his or her potential.

7. ***Program Models*** - Head Start programs are encouraged to consider several program models and to select the one best suited to meeting the individual needs of children. These program options, which include a home-based model, a locally-designed option, a variation in center attendance option, and the standard five-day center based model, allow the flexibility necessary to individualize services to handicapped children and their families. Within each model, Head Start programs are

encouraged to develop an individual service plan based on the professional diagnosis, and with input from parents and the teacher, to respond to the child's unique needs and capabilities.

8. ***Collaboration with Other Agencies*** - As part of the effort to strengthen and expand services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies serving handicapped children in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance; screening, assessment, and diagnosis; provision of treatment and support services; and training and technical assistance. Local Head Start programs are required to take affirmative action to seek the support and involvement of other agencies on behalf of handicapped children.

   Local Head Start programs are encouraged to participate in the implementation of P.L. 94-142, the Education for All Handicapped Children Act of 1975. Head Start personnel have been working with local education agencies to insure that the number of children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the state count on which allocation of federal education for handicapped funds is based. Head Start programs are also working with statewide "Child Find" efforts in the search for unserved handicapped children. Some Head Start programs are reimbursed by local school systems for providing services to preschool handicapped children under the Education for all Handicapped Children Act of 1975 and other state and local funding auspices, and Head Start encourages such arrangements.

9. ***Ten Percent Handicapped Enrollment by State*** - Head Start's objective is to achieve at least 10 percent enrollment of handicapped children by state and to provide the special services necessary to meet the children's needs. Primary responsibility for assuring that at least 10 percent of Head Start enrollment opportunities within each state are available to handicapped children is placed at the ACYF Regional Office level. The Regional Offices work with individual Head Start grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources.

10. ***Revised Performance Standards*** - Existing ACYF policies pertaining to the handicapped have been incorporated into the revised performance standards. Recruitment, the diagnostic process, the individualization process, categorization of handicapping conditions by diagnostic criteria, the reporting requirements for the annual report, and modification of facilities to meet the needs of handicapped children are included.

Chapter 2

STATUS OF HANDICAPPED CHILDREN IN HEAD START

The Head Start, Economic Opportunity, and Community Partnership Act of 1974 requires that *"the Secretary shall report to the Congress at least annually on the status of handicapped children in Head Start programs, including the number of children being served, their handicapping conditions, and the services being provided such children."*

The data contained in this report were obtained through the 1979 Survey of Head Start Handicapped Efforts conducted for the Administration for Children, Youth and Families (ACYF), Division of Research, Demonstration and Evaluation by Informatics, Inc. The basic information contained in this report on full year Head Start programs was collected by mail and telephone procedures. The 1979 survey questionnaires were mailed to all Head Start grantees and delegate agencies in January 1979. Head Start programs responded on the status of handicapped children as of March 1979. (A similar survey was conducted of Summer 1978 Head Start programs. Data on these programs are presented in Chapter 3.)

Unless otherwise stated, the data in this report refer to those Full Year Head Start grantees and delegates that respond to the mail survey. Of a total of 1,776 questionnaires mailed to Head Start full year programs, 1,739 were completed and returned, representing a total of 1,750 programs for a final response rate of 98.5 percent. This is the highest response rate achieved since the beginning of this annual survey, and provides highly reliable data.

The mail-out survey was organized into five major sections:

1. ***General Information*** - Data on both handicapped and nonhandicapped children, including enrollment rates by home-based and center-based options, number of centers and classes, number of programs with home-based options, enrollment of handicapped children by age, and outreach activities.

2. ***Staffing*** - Number and type of staff and volunteers.

3. ***Staff Training*** - Preservice and inservice training, including number of participants, hours of participation, topics, providers of training, and additional training needs and their approximate cost.

4. ***Physical Facilities, Equipment, and Materials*** - Modification requirements for handicapped children, special transportation acquired and needed.

5. ***Enrollment of Handicapped Children Professionally Diagnosed at the Time of the Survey and the Services Provided*** - Data reported by each of the handicap categories on numbers enrolled, ages of children, sources of diagnosis, levels of assistance required, multiple handicaps, and services received (special services from other agencies, educational or related services in the classroom, services to parents).

Information concerning diagnoses and the types of services provided were addressed by the category of handicap: blindness, visual impairment, deafness, hearing impairment, physical handicap (orthopedic handicap), speech impairment (communication disorder), health impairment, mental retardation, serious emotional disturbance, and specific learning disabilities.

Special telephone interviews were conducted in July 1979, with all of the nonrespondent Full Year programs to obtain a profile of the nonrespondents in comparison to the respondents. The data from the telephone interviews substantiate the findings from the survey as representative of all Head Start programs.

A telephone validation survey was conducted with a 10 percent sample of those full year respondents for whom questionnaires were considered error free. The programs were randomly sampled by region and state for this validation survey. The data from these programs support the overall survey results, suggesting that, at the time of the original survey, programs accurately reported the status of the handicapped Head Start children. The findings of the survey data are also consistent with information available from site visits by Head Start national and regional staff to Head Start programs serving handicapped children and from other independent sources.

A. Number of Handicapped Children Enrolled

It has been estimated that there are 190,000 Head Start eligible handicapped children of preschool age (3-5) in the United States.* Many of these children have not been served in the past because there simply were not enough facilities or qualified staff available. Although Head Start, with its current enrollment level, cannot meet the needs of all these handicapped children, it is making a notable contribution. A Head Start experience is particularly valuable for those handicapped children who can benefit from a comprehensive developmental experience in a mainstreamed setting, one that integrates handicapped and nonhandicapped children. Both the number of handicapped children enrolled in Head Start and the proportion which they represent of the total program enrollment have risen steadily since the data were first reported in 1973. All but a small fraction of these children are being mainstreamed.

—Children professionally diagnosed as handicapped accounted for 11.9 percent of total enrollment in full year programs.

There were 41,339 handicapped children served in reporting Head Start programs in 1979. The enrollment in last year's reporting programs was 38,121.

—In 47 of the 50 states, children professionally diagnosed as handicapped accounted for at least 10 percent of Head Start enrollment in full year programs.

With the exception of three states (Texas with an enrollment of 9.6 percent, Hawaii with 9.4 percent, and California with 9.2 percent), the minimum enrollment requirement has been implemented. Four years ago, almost half (23 states) failed to achieve the minimum; three years ago, five states fell short of the 10 percent target; two years ago, California, with an enrollment of 8.9 percent, failed to achieve the 10 percent level; and last year Hawaii, with an enrollment of 9.5 percent, fell below the minimum.

Other geographic entities reported the following proportion of enrollment of handicapped children: Guam, 7.8 percent; Puerto Rico, 13.4 percent; District of Columbia, 7.7 percent; Virgin Islands, 2.9 percent; and the Trust Territories of the Pacific Islands, 1.7 percent. Indian programs reported 8.0 percent handicapped children enrolled, and Migrant programs, 7.3 percent. (Appendix A provides enrollment data for each state or geographic entity.)

*The Survey of Income and Education conducted by the Bureau of Census for the Office of Education, 1976, reported that the number of children in poverty in the age group 3-5 is 1,900,000. Based on the estimated prevalence of handicapped children in this age group, it is estimated that 10 percent or 190,000 of these children are handicapped.

—About 96 percent of the full year Head Start programs served at least one handicapped child.

This proportion of programs enrolling at least one handicapped child had increased steadily from 88 percent in 1975 to 95 percent in 1976, 97 percent in 1977, and to 98 percent in 1978. In 1979, a slight dip was experienced. This decrease may have been a function of the earlier data collection period in the 1979 survey.

Additionally, 88.2 percent of all Head Start centers and 80.2 percent of all Head Start classes served at least one handicapped child in 1979.

Data collected in the 1979 survey indicate that 6.0 percent (2,474) of the handicapped children in Head Start were served in the home-based option. However, 53.7 percent of the children (1,331) attended a Head Start Center at least once a week. Additionally, 611 handicapped children who were in the home-based option last year were in the center-based option this year. This is an indication that the home-based option is being utilized appropriately, as a transition and supplement to the center-based mainstreaming situation, rather than as a substitute for it.

Of the 41,339 handicapped children served by reporting Head Start programs, 2.2 percent were under 3 years of age, 21.4 percent were 3 years old, 55.2 percent were 4 years old, and 21.2 percent were 5 years old or older. About 35 programs operate Parent and Child centers designed to serve children 0-3 years old.

—Approximately 69 percent of Head Start programs have enrolled at least 10 percent handicapped children.

In 1976, 66 percent and in 1977, 70 percent and in 1978, 76 percent of Head Start programs enrolled at least 10 percent handicapped children. During the current survey year, approximately seven out of every 10 Head Start programs had achieved the benchmark of 10 percent handicapped children.

B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, or children with specific learning disabilities who require special education and related services."

The types of handicapping conditions of those children professionally diagnosed as handicapped are presented in Table 1 and Figure 1 as a proportion of the total population of handicapped children in full year Head Start programs that responded to the survey. Of the handicapped children enrolled in Head Start, 53.2 percent have been diagnosed as speech impaired, close to that reported in the previous full year survey. This is consistent with national estimates of children requiring special assistance in speech and language development (see Figure 2).

Table 1

Types of Handicapping Conditions of Children Being Served by Full Year Head Start Programs

Handicapping Condition	Number	Percent of Total Number of Children Professionally Diagnosed as Handicapped
Speech Impairment	21,988	53.2
Health Impairment	5,118	12.4
Serious Emotional Disturbance	3,007	7.3
Physical Handicap	2,915	7.0
Mental Retardation	2,742	6.6
Specific Learning Disability	2,297	5.6
Hearing Impairment	1,637	4.0
Visual Impairment	1,340	3.2
Deafness	162	.4
Blindness	133	.3
TOTAL	41,339	100.0

Figure 1

PRIMARY OR MOST DISABLING HANDICAPPING CONDITIONS OF HANDICAPPED CHILDREN ENROLLED IN FULL YEAR HEAD START

JANUARY - MARCH, 1979

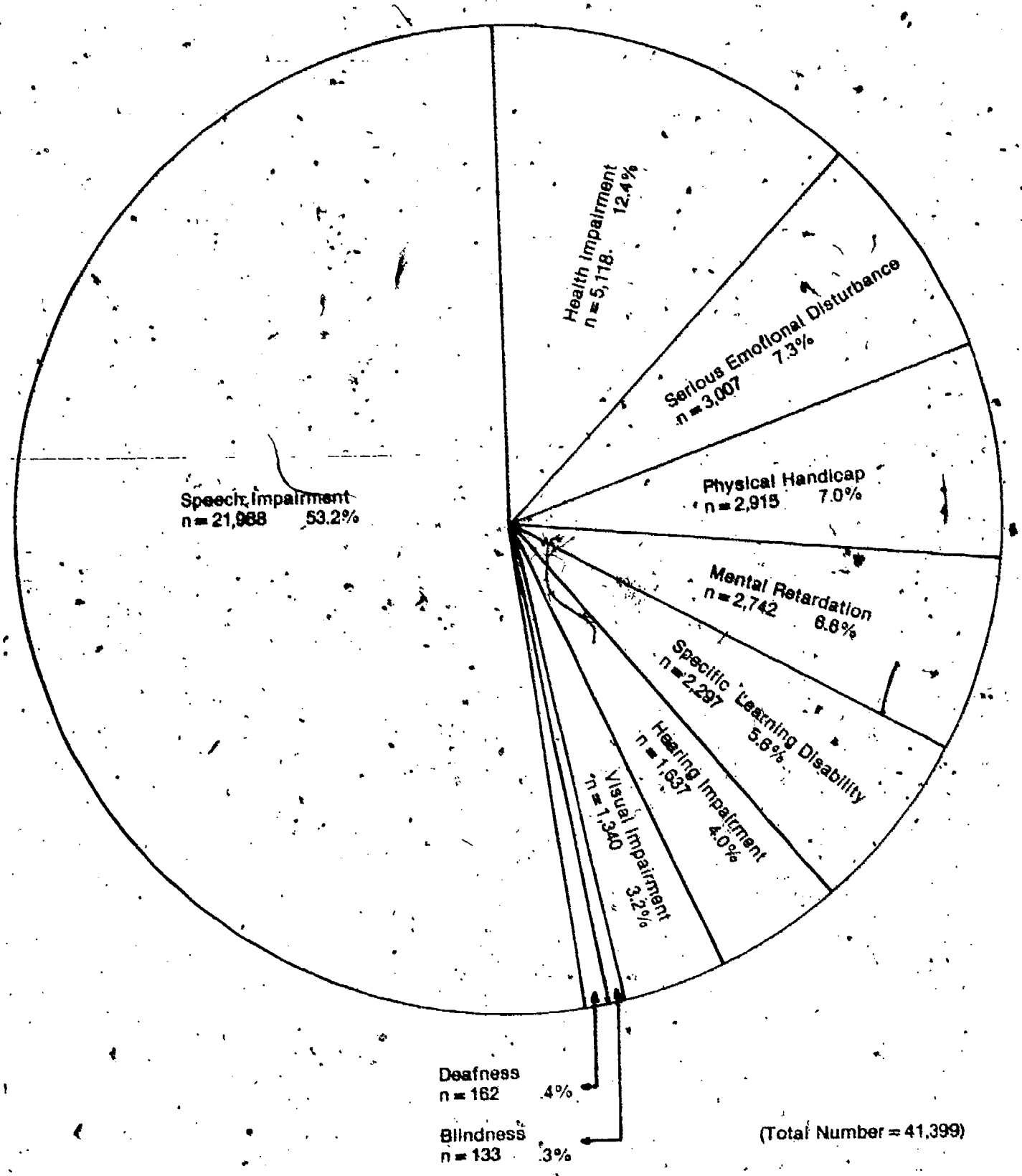
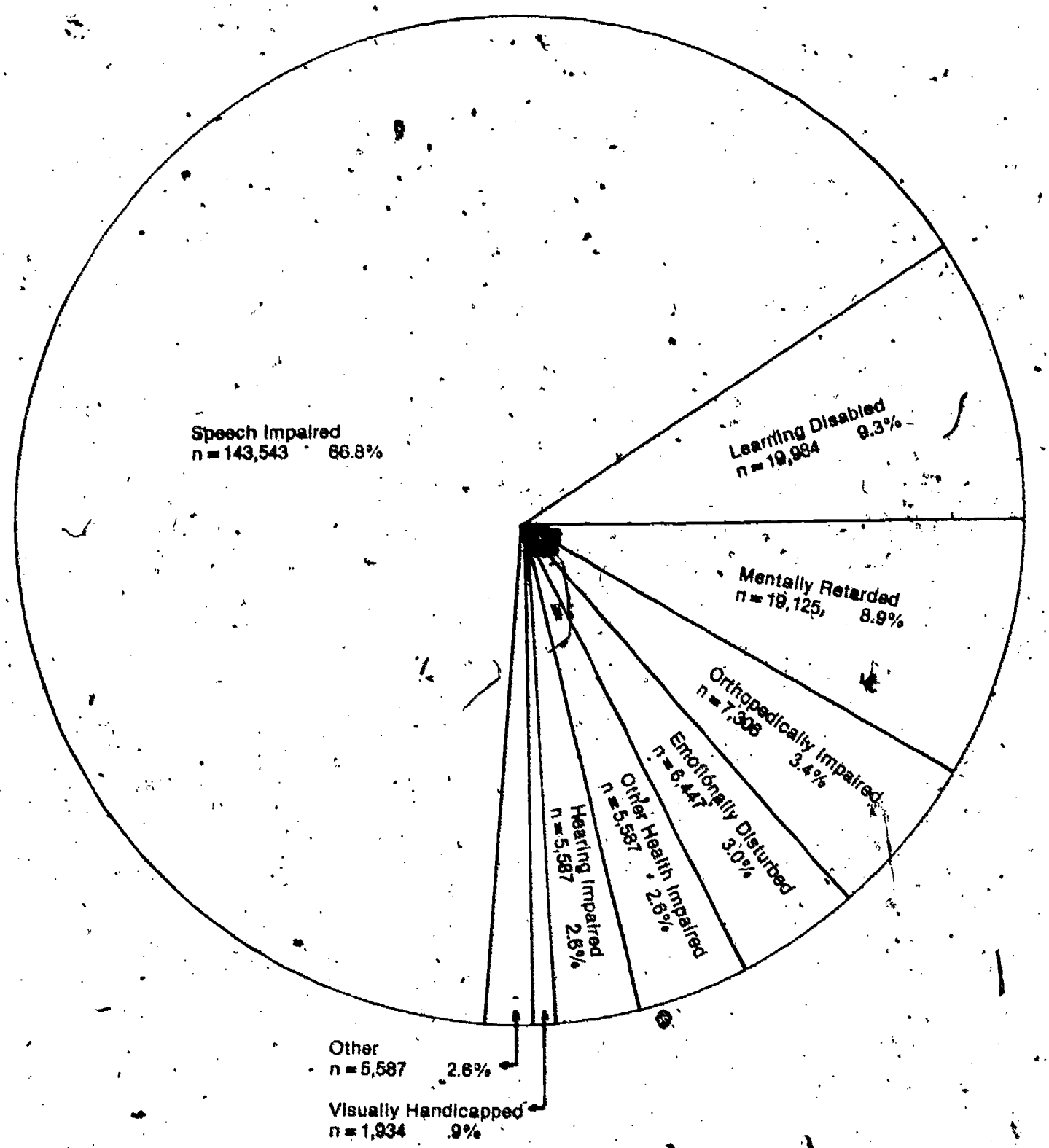


Figure 2

HANDICAPPING CONDITIONS OF HANDICAPPED CHILDREN AGES 3-5 SERVED AS REPORTED BY STATE EDUCATION AGENCIES*

*Source: Data from the Bureau of Education for the Handicapped, U.S. Office of Education. The data were reported by State Education Agencies as child count figures for 3-5 year old children served as a result of P.L. 94-142. The figures represent the child count as reported in the State plan.



NOTE: The Visually Handicapped category includes blind children, and the Hearing Impaired includes deaf children.

A primary specific handicapping condition was reported for 21,928 of the 21,988 speech impaired children enrolled in Full Year Head Start programs. The data are presented in Table 2.

Table 2

Primary Specific Handicapping Conditions of Children Professionally Diagnosed as Speech Impaired

Specific Conditions	Percentage of Total
Severe Articulation Difficulties	45.8
Expressive or Receptive Language Disorders	43.6
Severe Stuttering	3.0
Voice Disorders	2.9
Cleft Palate, Cleft Lip	2.0
Other Speech Disorders	2.4
Not Reported	.3
TOTAL	100.0

A primary specific handicapping condition was reported for 5,054 of the 5,118 health impaired children enrolled in Full Year Head Start programs. The data are presented in Table 3.

Table 3

Specific Handicapping Conditions of Children Professionally Diagnosed as Health Impaired

Specific Conditions	Percentage of Total
Epilepsy/Convulsive Disorders	17.1
Respiratory Disorders	15.7
Heart/Cardiac Disorders	13.6
Blood Disorders (e.g., Sickle Cell disease, Hemophilia, Leukemia	13.1
Severe Allergies	9.7
Neurological Disorders	7.5
Diabetes	2.5
Other Health Disorders	19.5
Not Reported	1.3
TOTAL	100.0

A primary specific handicapping condition was reported for 2,913 of the 2,915 physically handicapped children. The data are presented in Table 4.

Table 4

Specific Handicapping Conditions of Children Professionally Diagnosed as Physically Handicapped (Orthopedically Handicapped)

Specific Conditions	Percentage of Total
Orthopedic Impairment	28.6
Cerebral Palsy	23.8
Congenital Anomalies	12.3
Deformed Limb	9.5
Spina Bifida	5.2
Bone Defect	4.6
Cripple	2.9
Absence of Limb	2.6
Severe Scoliosis	1.3
Other	9.1
Not Reported	.1
TOTAL	100.0

A primary specific handicapping condition was reported for 2,297 of 2,298 specific learning disabled children. The data are presented in Table 5.

Table 5

Specific Handicapping Conditions of Children Professionally Diagnosed as Specific Learning Disabled

Specific Conditions	Percentage of Total
Motor Handicaps	24.3
Perceptual Handicap	21.3
Sequencing and Memory	18.3
Minimal Brain Dysfunction	11.8
Hyperkinetic Behavior	11.3
Developmental Aphasia	6.2
Dyslexia	1.1
Other	5.6
Not Reported	.1
TOTAL	100.0

There were 1,530 (91.7 percent) of the programs which enrolled at least one child who was speech impaired; 62.7 percent of the programs enrolled at least one child whose primary handicapping condition was health impairment; for physical handicap, the proportion was 59.5 percent; mental retardation, 47.1 percent; serious emotional disturbance, 46.5 percent; visual impairment, 36 percent; specific learning disability, 35.2 percent; hearing impairment, 36.5 percent; deafness, 6.9 percent; and blindness, 6.6 percent.

C. Severity of Handicaps

Head Start serves a significant proportion of children with severe or multiple handicaps. Such children present additional challenges to Head Start staff in the planning and provision of individualized plans. Head Start policy requires that the individual plan of action for special education, treatment, and related services be based on the child's specific handicapping conditions and the unique needs arising from those conditions. A child with multiple handicaps is likely to need a variety of treatments and services. Head Start staff, in conjunction with other professionals and the child's family, have to set priorities and objectives, and tailor services for that child in order to provide a focused, systematic plan of action.

—11,078 or 26.8 percent of the handicapped children enrolled in the reporting Head Start programs have multiple handicapping conditions.

Analysis by type of handicap is revealing. Compared to other handicapping conditions, deaf children show the highest incidence of multiple handicap (71 percent) and mentally retarded children the next highest (67.5 percent).

Table 6 provides specific data on the number of children who have multiple handicapping conditions.

Finally, 20.0 percent of the handicapped children served required almost constant special assistance, 48.2 percent a fair amount of assistance, and 31.8 percent little or some assistance.

Table 6

Distribution of Number of Children by Primary or Most Disabling Handicap Who Have One or More Other Professionally Diagnosed Handicapping Conditions

Primary Handicapping Condition	Number of Children Reported	Number of Children With One or More Other Handicapping Conditions	Percent of Children Who Have One or More Other Conditions
Deafness	162	115	71.0
Mental Retardation	2,742	1,851	67.5
Hearing Impairment	1,637	827	50.5
Specific Learning Disability	2,297	1,124	48.9
Physical Handicap	2,915	1,154	39.6
Serious Emotional Disturbance	3,007	1,105	36.7
Blindness	133	42	31.6
Visual Impairment	1,340	376	28.1
Health Impairment	5,118	1,201	23.5
Speech Impairment	21,988	3,283	14.9
TOTAL	41,339	11,078	26.8

Chapter 3

SERVICES TO HANDICAPPED CHILDREN

Local Head Start programs developed and carried out activities for services of direct and immediate benefit to handicapped children. These activities and services started with active recruitment of handicapped children who might benefit from Head Start. Programs provided assessment and diagnosis to evaluate accurately the nature and severity of each child's handicap in order to serve the child most effectively. Head Start programs continued to increase their own staff, facilities, and other capabilities to meet the growing service needs of the handicapped children enrolled. In addition, the programs used other agencies as sources of special services and technical assistance. This chapter reports on the degree to which these activities and services are being performed, utilization of additional staff, and the need for facilities, training, and other capabilites to continue to meet the needs.

A. Outreach and Recruitment

Of the programs responding, 92.3 percent reported special efforts to locate and recruit handicapped children. The proportion of programs reporting these special outreach efforts is slightly lower than reported in 1978 (94 percent) and 1977 (96 percent) and an increase over 1975 (78 percent) and 1976 (92 percent).

A wide variety of sources were used by Head Start programs for outreach and recruitment. Most common among these were referrals by welfare agencies (72.3 percent), parents of Head Start siblings (72.1 percent), public health departments (71.6 percent), former Head Start parents (71 percent), local school systems (68.4 percent), and newspaper articles (58.1 percent). More than half of the programs also utilized door-to-door canvassing, other agencies, radio or television announcements, and letters.

Head Start programs and other agencies serving handicapped children have come to recognize the roles of each in providing services. Generally, the Head Start program serves as the primary provider of a mainstreamed learning experience, while other agencies provide the needed special services.

Of the reporting programs, 576 (33.1 percent) reported 2,502 handicapped children that they were not able to enroll. Table 7 indicates the reasons why these children could not be enrolled. Most common among these reasons were: children's family did not meet income guidelines, other agencies serve these children, no openings were available, and they did not meet age guidelines.

Four handicapping conditions accounted for over three-fourths of the children not enrolled. Speech impaired children comprised 39.8 percent of all children not enrolled; mentally retarded children, 13.3 percent; physically handicapped, 13.0 percent; and serious emotionally disturbed, 10.5 percent.

For children who could not be enrolled, Head Start programs followed through to provide an alternative. Of the programs which could not enroll one or more handicapped children, 75.4 percent referred these children to other agencies.

Table 7

Rank Ordering of Reported Reasons Why Some Handicapped Children Located By or Referred To Full Year Head Start Programs Were Not Enrolled

Reasons for Not Enrolling Some Handicapped Children	Number of Programs	Percent of Reporting Programs
Child's family didn't meet income guidelines	206	35.8
Other agencies already serving child	188	32.6
No available openings	179	31.1
Did not fit age requirement	168	29.2
Lack of transportation	131	22.7
Child's handicap was too severe for him to benefit	116	20.1
Child's parents refused	104	18.1
Other	94	16.3

B. Diagnosis and Assessment of Handicapped Children

Handicapped children are defined as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." This definition excludes children with correctable conditions who do not need special services, or children who will not require services additional to those which Head Start programs regularly provide.

In order to meet the legislated requirement for reporting and, more importantly, to insure that children who are considered handicapped are not mislabeled or misdiagnosed, and to identify the requested special education and related services, Head Start requires that each child reported as handicapped be diagnosed by an appropriate professional. At the time of the survey, 41,399 or 11.9 percent of all the children enrolled in reporting Head Start programs had been diagnosed as handicapped by qualified professionals.

Of the 41,399 children, 28.7 percent had been diagnosed by Head Start professionals (including consultants), 26.0 percent by public agency professionals, 20.5 percent by private physicians, 14.0 percent by Head Start diagnostic teams (including consultants), and 10.9 percent by public agency diagnostic teams. Thus, the emphasis on Head Start participation in diagnosis of handicapped children is reflected in the evidence that 42.7 percent of all children were diagnosed by Head Start personnel or designated consultants. Of the 41,399 children, 20.9 percent had been referred by other agencies/individuals, and diagnosed prior to Head Start.

In some communities, the Head Start program was the only channel of diagnosis for preschool handicapped children; in others, the Head Start program supplemented existing diagnostic services. In some situations, the diagnoses were provided by professional diagnostic teams and/or individual professionals, employed as Head Start staff or consultants. In other situations, Head Start purchased needed services from private or public sources.

Head Start programs are encouraged to work with other agencies and private diagnostic providers and to use the following strategy for each child suspected of being handicapped:

Step 1: An interdisciplinary diagnostic team (or an appropriate professional qualified to diagnose the specific handicap) uses the Head Start diagnostic criteria to make a categorical diagnosis solely for reporting purposes. Head Start programs must follow procedures to insure confidentiality and guard against mislabeling. No individual child is identified publicly as "handicapped." Only the numbers of children with specific handicapping conditions are reported by local Head Start programs to the Administration for Children, Youth and Families.

Step 2: The diagnostic team develops a functional assessment of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The primary purpose of diagnosis is the functional assessment. The parents and the child's teacher should be active participants in the functional assessment and contributors to the diagnostic file.

Step 3: An individualized program plan is developed based upon the functional assessment, and becomes part of the diagnostic file. The plan reflects the child's participation in the full range of Head Start comprehensive services and describes the special services needed to respond to the child's handicap. The plan spells out activities that take place in the classroom, involvement of parents, and special services provided by Head Start or other agencies. The plan is developed in concert with the diagnostic team, the parents and the child's teacher.

Step 4: Ongoing assessment of the child's progress is made by the Head Start teacher, the parents, and as needed, by the diagnostic team. The individualized program plan and the delivery of services is modified based on this periodic evaluation.

Step 5: The Head Start program makes appropriate arrangements of continuity of services when the child leaves the program. This may include (1) updating the assessment information with the development of recommendations for future treatment, (2) an exit interview with parents, schools, and other agencies describing the services rendered to and needed by the child, and (3) transfer of files with parental consent. Public school is the primary agency responsible for following up to insure continuity of services after the child leaves the Head Start program.

Staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team with close and continuing involvement of parents, appears to be the best way to assure that the above strategy of diagnosis and assessment is implemented. Because many Head Start programs do not have all of the necessary staff expertise in this area, a working relationship with various other diagnostic providers in the community facilitates a comprehensive approach to assessment.

C. Mainstreaming and Special Services

In mainstreaming handicapped children before the age of five, Head Start has built on accepted principles of the importance of the early years in all aspects of a child's development. All children share the same basic needs for love, acceptance, praise, and a feeling of self-worth. All developmental early childhood programs address themselves to the child's individual strengths, weaknesses, mode of learning and special problems. Head Start attempts to meet these needs through a carefully sequenced educational component and a network of supporting services—medical, dental, nutritional, social services, mental health, and parent participation—tailored to the specific capabilities of each child. In addition, handicapped children receive special education therapy, or other services, either within Head Start or as provided by other agencies. Parents of handicapped children receive training, counseling, and support to help manage their handicapped child.

Mainstreaming — By functioning in an integrated group during the early years, the handicapped child can learn the ways of the world and some of the problems to be faced. Being with nonhandicapped children early can make the inevitable adjustments of the handicapped child easier. As a result of these experiences, the child will begin to develop a sense of control over his or her own life and an ability to function among other people in spite of the disability.

Integrated preschool programs give disabled children a chance to play and learn with children who will someday be their co-workers, friends, and neighbors. Both groups benefit most from being together on a regular basis during the years when their attitudes and perceptions of themselves and others are most pliable. The nonhandicapped child will gain a greater understanding of the range of human differences, and will learn to enjoy being with other children who manifest different characteristics and capacities.

Mainstreaming is in the best interests of a large proportion of handicapped children. There are, of course, some children who for a variety of reasons do better in segregated classes or home-based programs. For example, some children may have initial difficulty in adjusting to a center-based Head Start experience. A home-based option can provide the necessary bridge between the family and the nonhandicapped peer group. For the handicapped child, the home-based setting is seen as a supplement, not a substitute, for the mainstream classroom setting.

Others benefit from a flexible approach and may spend part of the week in a special program and part in an integrated program. Head Start policy requires that the handicapped child be placed in a mainstream classroom setting as soon as possible.

Head Start continues to be the largest program that includes preschool handicapped children in group experiences on a systematic basis. In 1979, 95.9 percent of the Head Start programs that responded to the survey had enrolled at least one handicapped child. This is a slight decrease from 98 percent of the Head Start programs in 1978 and 97 percent in 1977. Moreover, the survey showed that handicapped children were present in 88.2 percent of the Head Start centers and 80.2

percent of the Head Start classrooms in 1979. This again represents a slight decrease from 1978 and 1977 figures but an increase over 1976 levels.

Special Services - Handicapped children have special needs which may require special services, equipment and materials, and modification of existing facilities. The special services required may be provided through Head Start or through outside agencies, or through a combination of both. Table 8 reports comparative levels for special services provided to handicapped children and their parents in 1977, 1978, and 1979 by reporting Head Start programs.

Table 8

Three Year Comparison of Special Services Provided to Handicapped Children Enrolled in Full Year Reporting Head Start Programs

Services Provided	1979	1978	1977
Total number of children who are receiving special educational or related services in the classroom from Head Start staff	30,671	27,053	19,070
Total number of children who are receiving special services from other agencies	21,849	19,656	17,289
Total number of parents receiving special services from Head Start related to their child's handicap	30,028	25,070	18,132

In each category of special services, there was a remarkable increase in the number of children or parents reported served. The number of children receiving special educational or related services jumped 13.4 percent from 27,053 to 30,671 for reporting Head Start programs. The continued emphasis on mainstreaming handicapped children by providing these services in the Head Start classroom is reflected in these data. The total number of children receiving special services from other agencies also increased, although not as dramatically as the special educational services in Head Start. Children served by other agencies increased 11.1 percent from 19,656 in 1978 to 21,849 in 1979. Finally, the number of parents receiving special services increased dramatically from 1978 to 1979. Since 1978, the number of parents provided special services by Head Start rose 19.7 percent from 25,070 to 30,028 parents. Even more noteworthy is that since 1976, the number of parents provided special services has more than doubled in reporting Head Start programs.

Head Start programs provide many special educational and related services to handicapped children. These services range from individualized instruction to counseling for parents, psychological and physical therapy. The proportion of programs providing these services varies by type of handicap and type of special services.

All percentages reported for individual handicapping conditions represent the proportions only of those programs which had children with the handicapping condition being reported on. The services provided in the general order of percentage of programs reporting these services are as follows: individualized teaching techniques; speech therapy, language stimulation; transportation; special teaching equipment; psychotherapy, counseling, behavior management; education in diet, food, health, and nutrition; physical therapy, physiotherapy; and occupational therapy.

Proportions of programs providing individualized instruction ranged from 47.7 percent for health impaired children to 86.1 percent for mentally retarded children. More than three-fourths of the programs provided individualized instruction for seriously emotionally disturbed children, children with specific learning disabilities, and blind children. While 19.6 percent of the programs provided speech therapy and language stimulation to visually impaired children, 75.0 percent provided it to speech impaired children. Provision of transportation service ranged from 21.6 percent for visually impaired children to 38.2 percent for mentally retarded children. The use of special teaching equipment to meet the special needs of each handicapped child was also frequently reported. It was used in 47.3 percent of the programs for blind children, 36.1 percent for mentally retarded children, and in 13.1 to 28.6 percent of the programs for children with other handicapping conditions. Psychotherapy, counseling, or behavior management was provided most commonly to children with serious emotional disturbance (48.1 percent), children who were mentally retarded (37.4 percent), and children with specific learning disabilities (34.2 percent).

Education in diet, food, nutrition, and health was most frequently given to health impaired children (30.3 percent), but also given fairly frequently to mentally retarded children (18.8 percent) and blind children (17.3 percent). Physical therapy (19.6 percent) and occuaptional therapy (8.5 percent), of course, were most commonly provided to physically handicapped children.

Full data on all special educational or related services provided by Head Start staff by handicapping condition appear in Appendix B.

Head Start also received services for handicapped children in their program from other agencies. Generally, medical diagnosis, evaluation, and testing; speech therapy; and medical treatment were the most commonly reported services received by the programs. Following these, in order of their frequency, were family or parental counseling, assistance in obtaining special services; psychotherapy, counseling, and behavior management; transportation; special equipment; physical therapy; education in diet and nutrition; special teaching equipment; and occupational therapy.

Medical diagnosis, evaluation, and testing were most frequently received by programs serving health impaired children (52.4 percent). The proportion ranged from 35.5 percent to 47.8 percent for each of the other handicapping conditions. Speech therapy and language stimulation were predominantly received from other agencies by programs serving deaf children (71.3 percent), speech impaired children (66.1 percent), mentally retarded children (49.0 percent) and hearing impaired children (44.5 percent).

The proportion of programs reporting that the handicapped children received medical treatment from other agencies varied by primary handicapping conditions. The range was from 66.2 percent of the programs with health impaired children to 18.6 percent of the programs with speech impaired children.

Family or parental counseling was provided by other agencies to over one-half the programs serving seriously emotionally disturbed children and deaf children. The proportion ranged from 22.3 percent for visual impairment to 47.3 percent for blind children for each of the other handicapping conditions.

Assistance in obtaining special services was most commonly reported in programs serving deaf children (44.3 percent) while psychotherapy, counseling, and behavior management services were obtained most frequently from other agencies by programs with children suffering serious emotional disturbance (55.3 percent). Transportation was primarily provided to programs serving deaf children (33.9 percent). Special equipment for children was primarily provided to programs serving deaf children (49.6 percent) and those serving physically handicapped children (48.10 percent). Physical therapy from other agencies was most frequently utilized by programs serving physically handicapped children (53.8 percent). Education in diet and nutrition from other agencies was concentrated mainly on programs serving health impaired children (25.2 percent), while special teaching equipment was supplied most often to programs serving blind children (53.6 percent). Occupational therapy was received by programs with physically handicapped children (17.9 percent) most frequently.

Appendix C provides full data on the special services received from other agencies by handicapping children.

As well, Head Start provided numerous services to parents of handicapped children. The services provided, in the general order of percentage of programs reporting the provision of these services to parents, are as follows: counseling; referrals to other agencies; visits to homes, hospitals, etc.; inservice meetings; parent meetings; transportation; literature and special teaching equipment; workshops; medical assistance; and special classes.

Counseling was provided to parents by more than half of the programs serving children with the following handicapping conditions: serious emotional disturbance (65.4 percent of the programs); mental retardation (64.2 percent); specific learning disability (58.8 percent); speech impairment (54:5 percent); and health impairment (50.6 percent). Referrals to other agencies were provided to parents of mentally retarded children by three-fifths of the programs serving mentally retarded children and about 41 percent to over half of the programs serving children with each of the other handicapping conditions. Visits to homes, hospitals, etc. were made in about one-third of the programs serving visually impaired children and ranged up to 48.1 percent of the programs serving mentally retarded children. Inservice meetings and such were provided to parents by over one-half of the programs serving mentally retarded children and ranged from over one-fourth of the programs serving visually impaired children to 47.5 percent of those serving speech impaired children. Parent's meetings were most commonly provided to parents of mentally retarded children (41.7 percent) and speech impaired children (40.1 percent). Transportation was most frequently provided to parents of mentally retarded children (41.1 percent). Literature and special teaching equipment were most frequently provided to parents of mentally retarded and speech impaired children (40.9 percent). Workshops were provided for parents in 17.4 percent of the programs serving health impaired children and ranged up to 28.6 percent of those serving mentally retarded children. Medical assistance was primarily rendered to parents of health impaired children. (27.5 percent). Special classes were less frequently provided to parents in programs serving children with any of the handicapping conditions (5.2 percent to 15.7 percent).

Full data on services to parents of handicapped children in Head Start are reported in Appendix D.

In 1978, 92.4 percent of the programs had a coordinator of services for handicapped children as compared to 92.0 percent in 1979. This still represents an increase from 89.4 percent in 1977 and 82.0 percent in 1976. Additionally, 67.0 percent of the programs reported that the coordinator was full time.

Those Head Start programs that responded to the survey also made modifications in their physical facilities in order to meet the needs of handicapped children. The survey showed that 18.2 percent of the programs required special modifications in their physical facilities to meet the needs of handicapped children. Of these 316 programs, 44.6 percent had made the modifications and 24.4 percent had modifications scheduled. Another 31.0 percent stated that modifications were still required, in addition to those made or scheduled to be made.

In order to meet the needs of handicapped children, 985 programs (56.6 percent) had acquired or were acquiring special equipment or materials. Two hundred and seventy-four programs indicated that special transportation equipment was needed to serve the handicapped children in their program. Over half of these programs had acquired this equipment.

D. Training and Technical Assistance

If Head Start programs are to insure appropriate and high quality educational and developmental experiences for handicapped children, staff capability to work with handicapped children is critical. Indeed, the quality of Head Start services to handicapped children hinges on such staff capability. Therefore, priority has been given to staff training with emphasis on teachers, aides and the health services coordinator. Seventy-seven percent of the programs reported that preservice training has been provided to current staff, and 90.4 percent of the programs had provided inservice training to current staff. However, 80.5 percent of the programs reported that staff would require further preservice training and 81.5 percent, further inservice training.

—About half of the programs that responded to the survey provided preservice training in the areas of child development/general handicapping conditions; recognition of handicapping conditions; techniques of screening/assessment/diagnosis; and integration of the handicapped child. Additionally, 43.2 percent provided specialized in-depth training dealing with specific disabilities; most frequently reported was that of speech impairment by 31.3 percent of the programs. About one third of the programs provided preservice training in the areas of special education and curricula; health and medical needs; working with parents; staff attitudes and sensitivity; Federal special education laws and regulations.

—65.1 percent of the programs that responded to the survey provided specialized, in-depth training dealing with specific disabilities as part of inservice training: Most frequently reported was speech impairment by 51.6 percent of the programs. In addition, 60.3 percent of the programs provided training on the integration of the handicapped. Over one-half of the programs also reported providing inservice training in the areas of working with parents, recognition of handicapping conditions and techniques of screening/assessment/diagnosis. 46.2 percent provided training in special education and curricula.

Programs also reported on the average number of preservice and inservice training hours. For preservice training, 53.9 percent of the programs reported an average of 1-9 hours; 36.0 percent reported an average of 10-29 hours and 8.8 percent reported 30 or more hours. For inservice training, 40.7 percent reported an average of 1-9 hours; 45.6 percent an average of 10-29 hours and 12.3 percent reported 30 or more hours of training.

Of the 1,739 Head Start programs 61.4 percent reported that the local Head Start program, including cluster or consortium, had provided preservice training. Other providers of preservice training included private consultants (27.2 percent); Resource Access Projects (21.1 percent); HEW/ACYF contractors (20.5 percent); special purpose agencies (14.8 percent); and other universities and colleges (13.2 percent). Over two-thirds of the programs reported the local Head Start programs, including cluster, or consortium provided inservice training (69.2 percent) and Resource Access Projects (RAPs) provided inservice training to 52.3 percent of the programs. Proportion of programs receiving inservice training from the RAPs had doubled over that of the last full year. Others providing inservice training included private consultants (34.7 percent); HEW/ACYF contractors (26.6 percent); special purpose agencies (19.4 percent); and other universities and colleges (18.7 percent).

Programs further reported that 33,166 staff members had participated in preservice training and 35,170 had participated in inservice training.

Of the reporting programs, 1,187 (68.3 percent) received technical assistance from other agencies for planning or implementing training about handicapped children. Of the programs, 490 indicated that the technical assistance received was sufficient for their needs (28.2 percent of all programs). However, 697 indicated that additional assistance would have been helpful (40.1 percent of all programs).

At the same time, 541 programs (31.1 percent) received no technical assistance for planning training. Of these programs, 290 indicated that no assistance was needed (16.7 percent of all programs), and 251 indicated that technical assistance would have been helpful (14.4 percent of all programs). The agencies or organizations which provided the training included the Resource Access Projects (38.8 percent of all programs), private consultants (27.7 percent), HEW/ACYF contractors (26.5 percent), and special purpose agencies (20.9 percent).

Finally, programs estimated the cost of providing the additional training needed. The average across those programs providing the estimate was $2,000 per program.

Among reporting programs, 1,176 (67.6 percent) hired additional staff with Head Start supplemental funds earmarked to provide special assistance to handicapped children. These programs reported hiring 550 full time teaching staff, 613 part time teaching staff, 521 full time specialist staff, and 2,331 part time specialist staff (a total of 4,015 staff).

In addition to the staff hired from supplemental funds, Head Start programs also utilized volunteers and staff provided by outside agencies to meet the special needs of handicapped children. In this regard, 740 (42.5 percent) of the programs arranged for 4,937 additional volunteers to provide special assistance to handicapped children and 736 (42.3 percent) utilized 2,666 additional staff from outside agencies. Of the volunteers which were utilized, 38.5 percent worked 1-9 hours per week; 24.3 percent, 10-19 hours per week; 14.4 percent, 20-29 hours per week; and 22.7 percent, 30 or more hours per week.

Resource Access Projects (RAP's). Head Start's commitment to individualization for all children, including those with handicaps, has facilitated a national thrust of mainstreaming children with exceptional needs in a setting with nonhandicapped youngsters.

Head Start's effort to serve exceptional children, including the severely handicapped, has placed an increased responsibility on grantees to locate and to provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Administration for Children, Youth and Families (ACYF) has established a network of fifteen Resource Access Projects (RAP's) to serve a designated number of Head Start grantees in each ACYF region throughout the nation.

It is the responsibility of each RAP to:

—Identify local, regional, and national resources;

—Determine local Head Start needs and match these needs with available resources;

—Coordinate the delivery of services to Head Start programs;

—Provide training and technical assistance;

—Promote and facilitate collaborative efforts between Head Start and other agencies;

—Provide resource materials to Head Start grantees.

Currently, the RAP's have responsibility for providing training designed to introduce the eight resource manuals which focus on "Mainstreaming in Head Start." The Resource Access Projects will not only be responsible for conducting a minimum of one workshop per state, which will serve as a forum for the training of Head Start teachers, but ACYF has designated the RAP network as the mechanism for dissemination of the manuals on mainstreaming.

The list of 15 RAP's in the network is provided in Table B.

Current Local Efforts — Programs that responded to the 1979 survey reported working with other agencies in several ways. Of the 41,339 handicapped children enrolled in the programs, 11,102 (27 percent) had been referred to Head Start by other agencies/individuals including welfare departments, public school systems, Easter Seal Societies, and Crippled Children Associations; 20.9 percent were referred and professionally diagnosed prior to Head Start.

Twenty-one percent of the programs had received technical assistance from special purpose agencies in planning or implementing their training about handicapped children. About 15 percent of the programs had received preservice and 20 percent inservice training from special purpose agencies.

Fifty-three percent of the children received special services from other agencies. These services included speech therapy, language stimulation, physical therapy, other therapy related to the child's specific handicapping condition, special health services, special equipment for the child, and family counseling.

Forty-two percent of the programs utilized 2,666 additional staff from outside agencies to provide special assistance for handicapped children.

Table B

DHEW Region	States Served	Resource Access Project (RAP)
I	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	Education Development Center, Inc. Newton, Massachusetts 02160
II	New Jersey New York Puerto Rico Virgin Islands	New York University School of Continuing Education New York, New York 10012
III	Delaware District of Columbia Maryland Pennsylvania Virginia West Virginia	Georgetown University Child Development Center Washington, DC 20007
IV	Florida Georgia North Carolina South Carolina	Chapel Hill Training-Outreach Project Lincoln Center Chapel Hill, North Carolina 27514
	Mississippi	Friends of Children Head Start Jackson, Mississippi 20203
	Alabama Kentucky Tennessee	The Urban Observatory of Metropolitan Nashville Nashville, Tennesee 37212
V	Illinois Indiana Ohio	University of Illinois Colonel Wolfe Preschool Champaign, Illinois 61820
	Michigan Minnesota Wisconsin	Portage Project Portage, Wisconsin 53901
VI	Arkansas Louisiana New Mexico Oklahoma Texas	Texas Tech University Special Projects Division Lubbock, Texas 79409
VII	Iowa Kansas Missouri Nebraska	University of Kansas Medical Center Children's Rehabilitation Unit Kansas City, Kansas 66103

DHEW Region	States Served	Resource Access Project (RAP)
VIII	Colorado Montana North Dakota South Dakota Utah Wyoming	Mile High Consortium Denver, Colorado 80231
IX	Arizona California Nevada	Child, Youth and Family Services Los Angeles, California 90057
	Pacific Trust Territories and Hawaii	University of Hawaii Honolulu, Hawaii 95822
X	Idaho Oregon Washington	University of Washington Experimental Education Unit Seattle, Washington 98195
	Alaska	Easter Seal Society for Alaska Crippled Children & Adults Anchorage, Alaska 99501

E. Summer Head Start Programs

A survey of Head Start handicapped efforts in summer programs was conducted in July and August of 1978. The final response rate was 90.5 percent for all summer Head Start grantees and delegate agencies, an increase from the 78.3 percent for the previous summer.

Findings with respect to Summer Head Start programs are:

—Children professionally diagnosed as handicapped accounted for 13.8 percent of the children in summer programs. This reflects an increase over the 12.1 percent reported in summer 1977, 11.4 percent in summer 1976 programs, and 10.2 percent in summer 1975 programs.

—92.7 percent of the summer Head Start programs served at least one handicapped child. This reflects a decrease over the 96 percent so reported the previous summer.

The reporting Summer Head Start programs provided data on the handicapping conditions of the enrolled children. The data are presented in Table 9.

Table 9

Distribution of Handicapped Children in Summer Head Start by Category of Handicapping Condition

Speech Impairment (communication disorder)	49.6
Mental Retardation	11.4
Specific Learning Disability	9.3
Visual Impairment	7.0
Health Impairment	6.6
Physical Handicap (orthopedic handicap)	6.3
Serious Emotional Disturbance	4.9
Hearing Impairment	4.0
Deafness	.6
Blindness	.3

Summer Head Start programs served severely handicapped children:

- 27.0 percent of the handicapped children in summer programs had multiple handicaps, a decrease from the 32.9 percent in the prior summer's programs.
- 56.0 percent required "a fair amount" or "almost constant" special assistance, a substantial increase over the previous summer's programs, and 44.0 percent of the handicapped children required little or some special assistance.

Summer Head Start programs worked with other agencies/individuals:

- 29.5 percent of the children professionally diagnosed as handicapped were referred to Head Start by other agencies/individuals, a decrease from the previous summer when 34.4 percent were referred.
- Of those children diagnosed as handicapped: 31.6 percent were diagnosed by Head Start professionals, including consultants; 30.4 percent by Head Start diagnostic teams, including consultants; 19.6 percent were diagnosed by private physicians; 11.6 percent by public agency qualified professionals; and 6.8 percent by public agency diagnostic teams.

Handicapped children enrolled in Summer Head Start were receiving special educational and other services:

- 36.3 percent were receiving special services from other agencies, and 54.8 percent were receiving special educational or related services in the Head Start classroom from Head Start staff. Special services related to their child's handicapping condition were received from Head Start by 936 parents.
- In 83.9 percent of the summer programs, a person had been designated to coordinate services for handicapped children; this was an increase over the 1977 level of 82.6 percent.

Special physical facilities and equipment/materials:

- Eight programs required special modifications in physical facilities for handicapped children and these were made.
- Of the 124 programs, 25.0 percent had already acquired or will acquire special equipment or materials.
- Special transportation equipment was acquired by 6 programs, and 9 programs (7.3 percent of all programs) indicated special transportation equipment was needed.

Training was provided in Summer Head Start programs:

- In 54.8 percent of the programs, current program staff had received preservice training about handicapped children. Seventy-one percent of the programs reported 1-9 hours and 26.5 percent reported 10-29 hours of preservice training per staff member.
- In 42.7 percent of the programs, inservice training about handicapped children had been provided. Seventy-four percent of the programs reported 1-9 hours and 24.5 percent reported 10-29 hours of inservice training per staff member.
- Program estimates for additional training needed averaged $783 per program across those programs providing the estimate.

Chapter 4

THE TOTAL PICTURE

A. The Present Picture

In 1972, Head Start accepted the Congressional mandate to make available at least 10 percent of its enrollment opportunities to handicapped children. In 1972, people were skeptical of Head Start's ability to do so.

Many voices in many places said it couldn't be done. They said: "There's not enough staff, there's not enough money, there's not enough time." "The staff is not trained or qualified to serve handicapped children." "The parents will resist the notion: parents of non-handicapped children are afraid their kids would get 'contaminated' by the handicapped children; and the parents of handicapped children are afraid that their children would be overlooked or ridiculed." "Other agencies will refuse to cooperate." And so the chorus went.

But Head Start had some believers, too.

And their hard work has paid off. Not only has Project Head Start met the national mandate, but Head Start is now viewed as a guiding light in the implementation of mainstreaming services required under P.L. 94-142, The Education for All Handicapped Children Act.

Head Start has always been the nation's largest system of comprehensive care to our school children; now it is also the nation's model for successful mainstreaming.

Head Start has also sought — and been fortunate to receive — assistance from many other agencies. A principal ally has been the Bureau of Education for the Handicapped (BEH) and a set of BEH-funded projects scattered across the country. A spirit of collaboration has pervaded the Head Start handicapped effort — allowing Head Start to stretch its limited resources into major accomplishments. Leadership has been apparent too, both at the regional and national levels, where an emphasis on cost-effectiveness has paralleled high standards of quality.

COLLABORATION

Much of Head Start's achievement can be credited to the successful establishment and operation of a national network of projects called Resource Access Projects (RAPs). A key agent in the delivery of requested training and technical assistance services, the RAPs also act as Head Start's advocate by working collaboratively with schools and many other agencies.

A major focus of all 15 RAPs has been on promoting collaboration between Head Start grantees and other programs and agencies serving handicapped children and on facilitating the participation of grantees in the development of state plans for preschool handicapped children. An interagency agreement between ACYF and BEH in 1977 designated the RAPs as liaisons between Head Start and state education agencies (SEAs).

Formal collaborative agreements between Head Start and SEAs are now in place in 11 states, and pending in nine. The RAPs continue to point to the mutual benefits of collaboration in the remaining states as those agencies refine their mechanisms for serving handicapped children.

During the 1977-78 contract year, each RAP spent time analyzing the pre-school components of the State Plans required under P.L. 94-142. Seven RAPs at that time participated in the official SEA review process. One RAP acted as an advisor for the implementation of the plan in a New England state, and another was asked for recommendations for Head Start representatives for an SEA Advisory Committee. Since that time, at least 22 State Handicapped Plans now specifically identify Head Start as a suitable placement for handicapped pre-schoolers, as referral sources, or as agents for Child Find and/or Child Count. An increasing number of states specifically cite RAP as a resource as well. RAPs continue to serve on Advisory Committees, to review and update state plans, and to participate at legislative hearings.

TRAINING

In their 1978-79 contracts, RAPs were directed to train Head Start teachers to work with children with specific handicapping conditions. Each RAP was required to sponsor a minimum of one training conference per state, and to base the training on the eight ACYF mainstreaming manuals. Using outside experts as well as Head Start resource persons and their own staffs, the RAPs provided two-day training workshops for teachers in each of the states they serve.

The RAP network sponsored a total of 144 conferences. Eight thousand six hundred and sixty (8,660) Head Start teachers were trained, a figure representing approximately 38 percent of all Head Start teachers. An additional 2,636 others, such as directors, component staff, bus drivers, cooks, parents, and community representatives, brought the total number of trainees to 11,296. This total represents participation from 1,033 Head Start grantees, or 88 percent of all grantees in the country.

MANAGEMENT

The RAPs are currently implementing a distinctive management information system called ARAMIS, which is designed to expedite the processing of Head Start requests for information and assistance. For example, when a Head Start program in Wyoming needs information for the parents of a four-year-old deaf/blind child, they would call the RAP in Denver. The RAP would use its mini-computer and extract all materials (written, audio visual, brochures), national and local organizations and have them printed out from the computer. All materials have been abstracted as to the appropriateness, cost, and usefulness. The printout would then be sent to the requesting Head Start grantee.

WHAT WE HAVE LEARNED

Applied Management Sciences (AMS), an independent research firm, completed (February 1979) a two-year evaluation of mainstreaming in Head Start.* The study indicated that Head Start programs have exerted considerable effort to comply with the Congressional mandate to seek out and serve handicapped children. Study data support the value of preschool services to the handicapped and suggest that

* The AMS evaluation reports are available through the Educational Resources Information Center (ERIC) System. ERIC, in addition to having specialized clearinghouses across the country, publishes **Resources in Education** (**RIE**), a monthly abstract journal announcing recently completed research reports and other documents of educational significance. RIE is available in libraries and along with announcements of new publications, includes ED numbers, abstracts, and prices for microfiche or hard copies of reports. Reports once listed with ED numbers are available for purchase from Computer Microfilm International Corp., ERIC Document Reproduction Service, P.O. Box 190, Arlington, Virginia 22210 (Telephone: 703/841-1212). The ED numbers are ED160-236 through 240, ED168-291, ED176-433, and EC121-262 (Interim ERIC number).

mainstreaming in Head Start has been generally successful. Almost all Head Start handicapped children included in the study sample were served in a mainstream context and most were well integrated into classroom activities. For many of these children, program experiences resulted in increases in playful and positive peer interaction and gains in physical, self-help, social, cognitive, and communication skills. Both Head Start and non-Head Start speech impaired children showed developmental gains of almost six months of communication age over non-served children.

The AMS study found that Head Start staffs were committed to serving the handicapped, but that further training focused on the teachers was requested and needed.

The AMS study pointed out several other factors that are important in understanding Head Start's current success in serving the handicapped and which underlie future achievements, as well. For example, the experience of the Head Start teacher in working with handicapped children was the primary factor in the child benefiting from the program. Significantly, smaller class size, lower handicapped/non-handicapped child ratios, and high levels of time spent in a mainstreaming situation were all positively related to developmental gains and increased positive social interaction by Head Start handicapped children.

Much, however, remains to be accomplished.

Some of the problems highlighted through the AMS study included:

— *Late diagnosis* — Only 68 percent of the sample children received diagnostic services before the end of January.

— *Continuity* — Movement of children from Head Start into public schools needs greater attention and action.

— *IEPs* — Only about half of the Head Start sample children had been provided individualized service plans.

— *Teacher training* — More training, directed specifically at teachers, is needed.

— *Recruitment* — A more active recruitment effort is needed, particularly to enroll children with severe handicapping conditions.

— *Staff* — Some programs do not have handicap coordinators.

— *Resources* — Availability and rising costs for purchase of service needs attention and action.

The stage is set for further action. The AMS study applauds Head Start for its work in finding and serving preschool handicapped children. But, the same study points to areas for improvement.

This report reflects the fact that the handicapped effort in Head Start fell short of the mark last year. Three states did not meet the 10 percent mandate. The overall percentage of handicapped children dropped from 13 percent to 11.9 percent. ACYF has set forth a three-year improvement plan based on recommendations from the AMS evaluation of mainstreaming in Head Start and nearly eight years experience with implementing the legislative mandate to enroll and serve handicapped children. The three-year plan is now being reviewed within the Department to determine resource allocation for implementation of specific action areas.

B. The Future

Head Start's pioneering effort to serve handicapped children now represents a unique model for mainstreaming. The opportunity is at hand to refine that model and, thereby improve the quality of services throughout the country. This section highlights areas for action—opportunities Head Start is considering for the future to enhance its leadership in the coming decade. The following priority needs have been clearly identified.

OVERVIEW

Training — A systematic, continuous training program, including all handicapped conditions, should be provided. A special training effort should be provided on the purposes, procedures, and outcomes of screening, assessment, and diagnosis. Teachers need training in the development and utilization of individualized program plans for children. A special education credentialing system, compatible with the existing Child Development Associate program for training Head Start teachers, is needed. Teachers and staff need an individualized training program designed on the needs of the individual teacher. This may require an internship of two weeks in a mainstream setting. Home visitors are in need of training and support material on how to deal with the needs of handicapped children in the home setting and how to work with parents.

Collaboration — Head Start should be included in all State Plans required under P.L. 94-142. Head Start should assess the needs for services within a given community and work toward maximizing interagency resources in the community. The problem of late diagnosis should be addressed in an interagency context. Determining what happens to children when they leave Head Start and assurance of continuity of services needs to be addressed.

Management and Resources — A centralized and systematic approach is needed for the Head Start handicapped effort. Additional staff is required at the national and regional ACYF offices. Costs by handicapping conditions need to be determined, as inadequate resources can impair special services. Head Start needs to increase its services to severely handicapped children. ACYF should develop a systematic national program using public relations and media to raise public awareness that Head Start is appropriate for severely handicapped children. Head Start programs need information and assistance in order to come into compliance with Section 504 of the Rehabilitation Act, P.L. 93-112.

The next section is a detailed presentation of ACYF's three-year plan. It presents specific action areas and includes a brief description of the current problems and needs.

Three-Year Plan

Specific Action Areas	Problem	Need	Action Steps
TRAINING ON SPECIFIC HANDICAPPING CONDITIONS	Teachers need additional training.	A systematic, continuous program including all handicapping conditions.	RAPs continue training 1/3 of Head Start teachers each year. Develop eight videotapes as training aids and as basis for college-credit course. Develop training package on RAP manuals for parents.
TRAINING ON SCREENING, DIAGNOSIS, AND ASSESSMENT	Staff often use wrong instruments.	A special training effort on the purposes, procedures, and outcomes of screening, diagnosis, and assessment.	Create and undertake a national training thrust.
TRAINING ON IEPs	AMS Study found that only half the sample children had written individualized service plans.	Each child needs an individualized service plan. Teachers need training in the development and utilization of the plans.	Develop a national training program.
AGREEMENTS WITH EDUCATION AGENCIES	Head Start generally has not been included in P.L. 94-142 State Plans. Head Start infrequently receives funds available through P.L. 94-142.	Inclusion of Head Start in State Plans.	RAPs work with State Education Agencies to achieve formal written agreements regarding P.L. 94-142 so that all states will include Head Start within three years. Invite state directors of special education to the RAP spring workshops. Develop procedures and informational materials for LEAs dealing with flow through dollars under P.L. 94-142 to Head Start.

Specific Action Areas	Problem	Need	Action Steps
COMPLIANCE WITH "504"	Head Start programs must now comply with Section 504 of the Rehabilitation Act (P.L. 93-112) and grants are now being specially conditioned to that effect. 504 regulations require recipients to make their programs accessible to handicapped persons.	Programs need information and assistance in order to come into compliance.	Implement a national training thrust using specially prepared training materials. Reprint these materials and further disseminate them. Fund a contractor to survey and site visit grantees to determine costs of complying with 504.
RECRUITMENT	Severely handicapped children are not being as actively recruited as they should be.	Head Start staff need to understand the high priority on serving the severely handicapped. Head Start needs to increase its service to severely handicapped children.	Provide grantees with more stringent regulations and direction. Develop systematic national program using public relations and media to raise public awareness that Head Start is appropriate for severely handicapped.
LATE DIAGNOSIS	AMS found that approximately half of the sample children did not receive professional diagnosis until January.	Children need professional diagnosis within 90 days so that an individualized service program can be designed and implemented.	Do an intensive follow-up on selected grantees who are having problems with late diagnosis. Fund an experimental effort in 10-20 sites to explore alternative solutions.
PARENT INVOLVEMENT*	To date, no major national effort has focused on parents of handicapped children.	Parents of handicapped children need special information and assistance.	Develop training package to help parents make best use of RAP manuals.

*Also included under TRAINING OF SPECIFIC HANDICAPPING CONDITIONS.

Specific Action Areas	Problem	Need	Action Steps
SOCIAL SERVICES	To date, no major national effort has been focused on Social Services Component.	Social Services Component has the major responsibility for recruitment of handicapped children.	Develop training package to help Social Service Workers.
CONTINUITY	AMS Study found inadequate data on placement of Head Start graduates in public schools.	Determine what happens to children when they leave Head Start. Assure continuity of services.	Fund a longitudinal study on placement of Head Start children in the public schools. Develop policy and guidelines on Head Start responsibilities in continuity.
P.A. 26 CARRY-OVER BALANCE	Inadequate data exists on whether there are carry-over balances in the handicapping funding.	Need to determine these amounts and the reasons for their existence.	Audit a randomly selected sample of 20-30 grantees to determine if there are isolated instances of carry-over balances.
CHILD DEVELOPMENT ASSOCIATE:* SPECIAL EDUCATION COMPETENCIES	At present, no special education competencies have been developed.	A credentialing system, compatible with the existing Child Development Associate, is needed.	Let a contract to develop special education competencies.
TEACHER SALARIES	Average Head Start teacher's is $6,000/year and cost of living increases do not keep pace with inflation. Some teachers receive minimum wage.	Teachers need higher salaries and more realistic increases.	Fund a study to collect data demonstrating the need for appropriate salaries.

*The CDA program is a national effort embodying a new concept for training, assessing, and credentialing child care staff. This program was initiated by the ACYF/OHDS, Department of Health, Education, and Welfare, to create a new category of professional child care workers. The basic goal of the CDA program is to up-grade the quality of Head Start, day care, and other child development programs by increasing the skills and knowledge of the classroom staff.

Specific Action Areas	Problem	Need	Action Steps
CLASS SIZE	AMS Study found that small class size, lower handicapped/ non-handicapped child ratios, and higher levels of time in the mainstream, contributed to child gains.	Size of Head Start classes needs to be reduced.	Enforce the over-enrollment policy. Consider revising child adult ratio and group size in Head Start.
UPGRADING REGIONAL OFFICE CAPABILITY	No regional ACYF office has on staff an early childhood/ special educator.	Regional officials are needed to provide guidance, technical assistance, and direction to to grantees.	Analyze the need for ACYF offices to have early childhood special education staff members. As interim step, consider obtaining special education expertise through a contractor.
COSTS BY HANDICAPPING CONDITION	Insufficient data exist regarding current cost data about service delivery by specific handicapping condition.	These costs need to be determined as inadequate resources can impair special services.	Fund a contract to determine cost of serving each type of handicapping condition.
RAP NATIONAL NETWORK	Head Start programs need more one-on-one technical assistance than is feasible now.	RAP's ability to deliver direct technical assistance needs to increased.	Increase the funding of the RAPs to add a handicap coordinator in each state. As interim approach, augment existing RAP budgets to increase the amount of direct technical assistance. Fund a contractor to do a training package including video tapes to go along with the manuals on handicapping conditions.

Specific Action Areas	Problem	Need	Action Steps
MANAGEMENT OF THE HANDICAPPED EFFORT	All ACYF regional offices follow different procedures in managing the handicapped effort. This fosters duplication, difficulty in coordination, and inequities.	A centralized and systematic approach is needed. Additional staff is required.	Implement a management control system to assure central coordination. Establish a national unit to manage the handicapped effort.
HOME BASED	28 percent of Head Start Programs provide a Home Based Option. Materials/ training have been developed and geared to the classroom teacher and center setting.	Home Visitors are in need of training and support material on how to deal with with the needs of handicapped children in the home setting and how to work with parents.	Develop materials and training package for home visitors regarding needs of handicapped children and working with parents.
DEVELOPMENT OF COMMUNITY BASED INTERAGENCY PROJECTS FOR HANDICAPPED CHILDREN	Multiplicity of federal agencies have overlapping legislation and mandates dealing with preschool handicapped children. This causes overlap and also leaves gaps in service.	Assure that the children receive needed services through maximizing inter-agency resources at the community level.	Fund 4-5 Head Start Grantees to assess needs for services within the community and and work toward maximizing interagency resources in the community.
INTERNSHIP FOR HEAD START TEACHERS	One and two day training sessions for teachers is not a sufficient method to have teachers capable of dealing with severely handicapped children.	Teachers and staff need an individualized training program designed on the needs of the individual teacher. A minimum of two weeks in a mainstream setting with immediate feedback from professionals on how best to meet the needs of handicapped children.	Fund pilot effort in one region to develop and conduct an internship for Head Start teachers.

APPENDIX A

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*
(OR GEOGRAPHICAL ENTITY).

FULL YEAR 1978 - 1979

State [or Geographical Entity]	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Handicapped January-March 1979	Percent of Enrollment Professionally Diagnosed as Handicapped January-March 1979
Alabama	37	8,807	1,048	11.90
Alaska	3	787	99	12.58
Arizona	17	2,883	323	11.20
Arkansas	19	5,088	632	12.42
California	142	24,805	2,282	9.20
Colorado	27	4,970	664	13.36
Connecticut	23	3,253	384	11.80
Delaware	4	825	116	14.06
District of Columbia	7	1,589	123	7.74
Florida	30	10,259	1,137	11.08
Georgia	49	8,740	1,033	11.82
Hawaii	5	1,057	99	9.37
Idaho	9	1,004	175	17.43
Illinois	68	15,435	1,813	11.75

*EXCLUDING MIGRANT AND INDIAN PROGRAMS WITHIN STATES, AS APPLICABLE.

APPENDIX A (Continued)

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*
(OR GEOGRAPHICAL ENTITY)

FULL YEAR 1978 - 1979

State [or Geographical Entity]	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Handicapped January-March 1979	Percent of Enrollment Professionally Diagnosed as Handicapped January-March 1979
Indiana	34	5,473	717	13.10
Iowa	23	2,934	455	15.51
Kansas	23	2,667	445	16.69
Kentucky	45	8,348	1,283	15.37
Louisiana	34	8,070	1,063	13.17
Maine	14	1,401	188	13.42
Maryland	25	3,700	369	9.97
Massachusetts	38	5,812	666	11.46
Michigan	96	15,543	1,671	10.75
Minnesota	26	3,726	554	14.87
Missippi	24	29,882	3,129	10.47
Missouri	21	7,942	1,304	16.42
Montana	9	935	136	14.55
Nebraska	14	1,651	255	15.45

*EXCLUDING MIGRANT AND INDIAN PROGRAMS WITHIN STATES, AS APPLICABLE.

APPENDIX A (Continued)

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*
(OR GEOGRAPHICAL ENTITY)

FULL YEAR 1978 - 1979

State (or Geographical Entity)	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Handicapped January-March 1979	Percent of Enrollment Professionally Diagnosed as Handicapped January-March 1979
Nevada	4	405	65	16.05
New Hampshire	6	641	102	15.91
New Jersey	33	6,629	751	11.33
New Mexico	20	2,712	359	13.24
New York	154	14,646	1,934	13.20
North Carolina	42	9,245	1,028	11.12
North Dakota	5	443	94	21.22
Ohio	78	15,889	2,065	13.00
Oklahoma	29	6,859	895	13.05
Oregon	18	2,148	350	16.29
Pennsylvania	60	11,152	1,747	15.67
Rhode Island	9	1,041	179	17.20
South Carolina	20	5,849	695	11.88
South Dakota	7	773	92	11.90

*EXCLUDING MIGRANT AND INDIAN PROGRAMS WITHIN STATES, AS APPLICABLE

APPENDIX A (Continued)

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*
(OR GEOGRAPHICAL ENTITY)

FULL YEAR 1978 - 1979

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Pennsylvania	60	11,152	1,747	15.67
Rhode Island	9	1,041	179	17.20
South Carolina	20	5,849	695	11.88
South Dakota	7	773	92	11.90

*EXCLUDING MIGRANT AND INDIAN PROGRAMS WITHIN STATES, AS APPLICABLE

APPENDIX A (Continued)

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*
(OR GEOGRAPHICAL ENTITY)

FULL YEAR 1978 - 1979

State [or Geographical Entity]	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Handicapped January-March 1979	Percent of Enrollment Professionally Diagnosed as Handicapped January-March 1979
Tennessee	25	7,624	963	12.63
Texas	91	18,403	1,765	9.59
Utah	10	1,634	208	12.73
Vermont	6	665	75	11.28
Virginia	30	3,837	541	14.10
Washington	27	3,544	568	16.03
West Virginia	24	3,506	459	13.09
Wisconsin	31	4,875	530	10.87
Wyoming	5	555	67	12.07
American Samoa	0	0	0	0.00
Guam	1	333	26	7.81
Puerto Rico	25	14,559	1,945	13.36
Trust Territories of the Pacific Islands	5	1,273	22	1.73
Virgin Islands	1	998	29	2.91

*EXCLUDING MIGRANT AND INDIAN PROGRAMS WITHIN STATES, AS APPLICABLE.

APPENDIX A (Continued)

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE*
(OR GEOGRAPHICAL ENTITY)

FULL YEAR 1978 - 1979

State [or Geographical Entity]	Number of Grantees and Delegate Agencies Responding	Total Number of Children Enrolled	Number of Children Professionally Diagnosed as Handicapped January-March 1979	Percent of Enrollment Professionally Diagnosed as Handicapped January-March 1979
State Subtotal	1,627	327,824	39,717	12.12
Indian Programs	86	10,478	838	8.00
Migrant Programs	37	10,783	784	7.27
TOTAL	1,750	349,085	41,339	11.84

*EXCLUDING MIGRANT AND INDIAN PROGRAMS WITHIN STATES, AS APPLICABLE.

APPENDIX B

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL EDUCATIONAL OR RELATED SERVICES PROVIDED BY HEAD START STAFF BY HANDICAPPING CONDITION

FULL YEAR 1978 - 1979

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Individualized Teaching Techniques		Special Teaching Equipment		Psychotherapy, Counseling, Behavior Management		Physical Therapy, Physiotherapy		Speech Therapy, Language Stimulation	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	84	76.36	52	47.27	13	11.82	9	8.18	29	26.36
Visual Impairment	601	308	51.25	121	20.13	58	9.65	14	2.33	118	19.63
Deafness	115	85	73.91	30	26.09	14	12.17	1	0.87	60	52.17
Hearing Impairment	609	364	59.77	80	13.14	67	11.00	8	1.31	312	51.23
Physical Handicap	992	584	58.87	254	25.60	148	14.92	194	19.56	383	38.61
Speech Impairment	1,530	1,116	72.94	437	28.56	251	16.41	27	1.76	1,148	75.03
Health Impairment	1,046	499	47.71	140	13.38	162	15.49	55	5.26	314	30.02
Mental Retardation	786	677	86.13	284	36.13	294	37.40	70	8.91	505	64.25
Serious Emotional Disturbance	775	602	77.68	124	16.00	373	48.13	14	1.81	285	36.77
Specific Learning Disability	587	486	82.79	159	27.09	201	34.24	29	4.94	344	58.60

APPENDIX B (Continued)

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL EDUCATION OR RELATED SERVICES PROVIDED BY HEAD START BY HANDICAPPING CONDITION

FULL YEAR 1978 - 1979

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Occupational Therapy		Education in Diet, etc.		Transportation		Counseling for Parent or Family		Other Educational Services	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	6	5.45	19	17.27	34	30.91	41	37.27	13	11.82
Visual Impairment	601	16	2.66	56	9.32	130	21.63	198	32.95	29	4.83
Deafness	115	1	0.87	14	12.17	38	33.04	50	43.48	14	12.17
Hearing Impairment	609	13	2.13	53	8.70	161	26.44	240	39.41	27	4.43
Physical Handicap	992	84	8.47	150	15.12	290	29.23	381	38.41	53	5.34
Speech Impairment	1,530	47	3.07	197	12.88	449	29.35	739	48.30	75	4.90
Health Impairment	1,046	37	3.54	317	30.31	289	27.63	431	41.20	43	4.11
Mental Retardation	786	51	6.49	148	18.83	300	38.17	461	58.65	37	4.71
Serious Emotional Disturbance	775	19	2.45	118	15.23	223	28.77	447	57.68	27	3.48
Specific Learning Disability	587	56	9.54	87	14.82	192	32.71	305	51.96	31	5.28

APPENDIX C

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL SERVICES RECEIVED FROM OTHER AGENCIES BY HANDICAPPING CONDITION

FULL YEAR 1978 - 1979

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services							
		Physical Therapy		Speech Therapy, Language Stimulation		Occupational Therapy		Medical Treatment	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	9	8.18	29	26.36	12	10.91	32	29.09
Visual Impairment	601	20	3.33	76	12.65	11	1.83	184	30.62
Deafness	115	1	0.87	82	71.30	4	3.48	33	28.70
Hearing Impairment	609	7	1.15	271	44.50	16	2.63	224	36.78
Physical Handicap	992	534	53.83	281	28.33	178	17.94	498	50.20
Speech Impairment	1,530	52	3.40	1,012	66.14	56	3.66	284	18.56
Health Impairment	1,046	106	10.13	173	16.54	50	4.78	692	66.16
Mental Retardation	780	113	14.38	385	48.98	78	9.92	236	30.03
Serious Emotional Disturbance	775	12	1.55	191	24.65	26	3.35	166	21.42
Specific Learning Disability	587	44	7.50	245	41.74	50	8.52	114	19.42

APPENDIX C (Continued)

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL SERVICES RECEIVED FROM OTHER AGENCIES BY HANDICAPPING CONDITION

FULL YEAR 1978 - 1979

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services							
		Medical Diagnosis, Evaluation or Testing		Psychotherapy, Counseling, Behavior Management		Special Equipment For Child		Education in Diet, Nutrition	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	39	35.45	18	16.36	31	28.18	6	5.45
Visual Impairment	601	190	31.61	30	4.99	202	33.61	18	3.00
Deafness	115	55	47.83	18	15.65	57	49.57	6	5.22
Hearing Impairment	609	245	40.23	39	6.40	134	22.00	20	3.28
Physical Handicap	992	470	47.38	98	9.88	477	48.08	95	9.58
Speech Impairment	1,530	456	29.80	206	13.46	80	5.23	73	4.77
Health Impairment	1,048	548	52.39	128	12.24	99	9.46	264	25.24
Mental Retardation	786	339	43.13	212	26.97	98	12.47	69	8.78
Serious Emotional Disturbance	775	243	31.35	429	55.35	19	2.45	57	7.35
Specific Learning Disability	587	214	36.46	133	22.66	38	6.47	35	5.96

APPENDIX C (Continued)

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL SERVICES RECEIVED FROM OTHER AGENCIES BY HANDICAPPING CONDITION

FULL YEAR 1978 - 1979

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Transportation		Special Teaching Equipment		Family or Parental Counseling		Assistance in Obtaining Special Services		Other Services	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	24	21.82	59	53.64	52	47.27	40	36.36	29	26.36
Visual Impairment	601	58	9.65	63	10.48	134	22.30	124	20.63	44	7.32
Deafness	115	39	33.91	32	27.83	60	52.17	51	44.35	20	17.39
Hearing Impairment	609	89	14.61	36	5.91	177	29.06	123	20.20	50	8.21
Physical Handicap	992	205	20.67	92	9.27	401	40.42	336	33.87	51	5.14
Speech Impairment	1,530	273	17.84	141	9.22	502	32.81	347	22.68	85	5.56
Health Impairment	1,046	142	13.58	24	2.29	445	42.54	316	30.21	42	4.02
Mental Retardation	786	164	20.87	98	12.47	354	45.04	236	30.03	72	9.16
Serious Emotional Disturbance	775	140	18.06	34	4.39	414	53.42	201	25.94	49	6.32
Specific Learning Disability	587	104	17.72	65	11.07	207	35.26	146	24.87	40	6.81

APPENDIX D

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL SERVICES
PROVIDED TO PARENTS OF HANDICAPPED CHILDREN BY HANDICAPPING CONDITION

FULL YEAR 1978 - 1979

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services											
		Counseling		Literature/ Special Teaching Equipment		Referrals to Other Agencies		In-Service Meetings, etc.		Special Classes		Medical Assistance	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	50	45.45	35	31.82	46	41.82	48	43.64	11	10.00	16	14.55
Visual Impairment	601	236	39.27	152	25.29	287	47.75	161	26.79	31	5.16	128	21.30
Deafness	115	56	48.70	43	37.39	61	53-04	44	38.26	18	15.65	28	24.35
Hearing Impairment	609	269	44.17	161	26.44	274	44.99	202	33.17	45	7.39	144	23.65
Physical Handicap	992	461	46.47	296	29.84	498	50.20	363	36.59	121	12.20	252	25.40
Speech Impairment	1,530	834	54.51	626	40.92	771	50.39	726	47.45	204	13.33	246	16.08
Health Impairment	1,046	529	50.57	307	29.35	504	48.18	363	34.70	84	8.03	288	27.53
Mental Retardation	786	505	64.25	322	40.97	480	61.07	414	52.67	92	11.70	185	23.54
Serious Emotional Disturbance	775	507	65.42	217	28.00	419	54.06	336	43.35	64	8.26	117	15.10
Specific Learning Disability	587	345	58.77	213	36.29	315	53.66	268	45.66	72	12.27	109	18.57

APPENDIX D (Continued)

DISTRIBUTION OF PROGRAMS REPORTING TYPES OF SPECIAL SERVICES
PROVIDED TO PARENTS OF HANDICAPPED CHILDREN BY HANDICAPPING CONDITION

FULL YEAR 1978 - 1979

Handicapping Condition	Number of Programs Serving Handicapped Children	Special Services									
		Transportation		Workshops		Visits to Homes, Hospitals, etc.		Parent Meetings		Other	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Blindness	110	37	33.64	25	22.73	52	47.27	41	37.27	4	3.64
Visual Impairment	601	181	30.12	106	17.64	197	32.78	174	28.95	14	2.33
Deafness	115	43	37.39	28	24.35	55	47.83	44	38.26	7	6.09
Hearing Impairment	609	196	32.18	106	17.41	235	38.59	201	33.00	10	1.64
Physical Handicap	992	354	35.69	201	20.26	429	43.25	367	37.00	28	2.82
Speech Impairment	1,530	518	33.86	375	24.51	652	42.61	602	39.35	51	3.33
Health Impairment	1,046	368	35.18	229	21.89	428	40.92	368	35.18	28	2.68
Mental Retardation	786	323	41.09	225	28.63	378	48.09	328	41.73	19	2.42
Serious Emotional Disturbance	775	269	34.71	187	24.13	348	44.90	311	40.13	16	2.06
Specific Learning Disability	587	203	34.58	156	26.58	251	42.76	231	39.35	14	2.39